

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

GSE

Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Gorean Government, Inc. Tebj M
Last First MI2. BUSINESS PHONE 225-242-80073. BUSINESS ADDRESS 650 N. 10TH St. Baton Rouge LA 70802
Street and No. City State ZipMAILING ADDRESS Po Box 44253 Baton Rouge LA 70804
Street and No. City State Zip4. EMPLOYER Gorean Government, Inc.5. EMPLOYER'S ADDRESS Po Box 44253 Baton Rouge LA 70804
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Marketer Advisory Council to Gold of MexicoC
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ZAddress Po Box 44253 Baton Rouge LA 70804Business or purpose Marketer Advisory Group New Representation
Does this person pay you?

If No, who pays you?

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Z Terminated Representation as of 4/16/02

SUPPLEMENTAL REGISTRATION FORM

855

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation

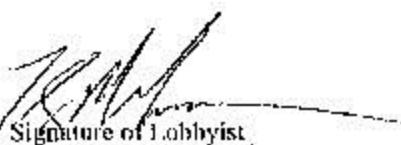
Does this person pay you?

If No, who pays you?

 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA.R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist